

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

798  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

## FOR OFFICE USE ONLY

Postmark Date: 12-26-06

Ren 2007

✓ #046502

\$110

Wmi

1061071

1. NAME Reilly-Mica Tona  
Last First MI

2. BUSINESS PHONE 703-267-1250  
Area Code and Phone Number

3. BUSINESS ADDRESS 11250 Lakes Mill Rd., Fairfax, VA, 22030  
Street and No. City State Zip

C/O OGC, Attn.: Nikki Benedict

MAILING ADDRESS 11250 Lakes Mill Rd., Fairfax, VA, 22030  
Street and No. City State Zip

4. EMPLOYER National Rifle Association of America

5. EMPLOYER'S ADDRESS 11250 Lakes Mill Rd., Fairfax, VA, 22030  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name National Rifle Association of America

Address 11250 Lakes Mill Rd., Fairfax, VA, 22030

Business or purpose All matters relating to an individual's right to keep and bear arms.

Does this person pay you? Yes

If No, who pays you? N/A

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2. Name N/A

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name N/A

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name N/A

Address \_\_\_\_\_

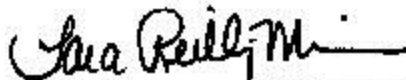
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

N/A renewal